

MONTANA CHEMICAL DEPENDENCY CENTER POLICY AND PROCEDURE MANUAL

Policy Subject: Anaphylactic Reaction and Adrenalin Use	
Policy Number: MNP 06	Standards/Statutes: ARM 37.27.130
Effective Date: 01/01/02	Page 1 of 3

PURPOSE:

To provide immediate medical assessment and intervention to a person experiencing an allergic reaction.

POLICY:

A patient that is demonstrating signs and symptoms of possible anaphylaxis requires immediate evaluation by the available medical and nursing staff. Diagnosis is based on presenting of signs and symptoms of anaphylaxis and on recent history of exposure to a likely offending agent, such as a bee sting, immunization injection, known allergy, etc.

PROCEDURE:

- I. If a patient complains of any signs and/or symptoms of anaphylaxis, the nursing and, if available, the medical personnel will immediately assess the patient.
- II. Because there are varying stages of anaphylaxis, assessment of the patient may vary, depending on the presenting symptoms. The assessment should include:
 - A. Vital signs
 - B. Assessment for any possible signs or symptoms of anaphylaxis, such as fullness in throat, coughing, sneezing, audible wheezing, hives, abdominal cramping, anxiety, dyspnea, etc.
 - C. Auscultation of lung sounds.
 - D. Current history from patient of any possible exposure to likely offending agent.
- III. If the patient is displaying symptoms of anaphylaxis to any degree, the nurse will immediately notify the

physician on call. If the physician cannot be reached, the nurse will administer 0.3 ml of Adrenaline 1:1000 subcutaneously and Benadryl 50 mg, either orally or intramuscularly.

IV. Depending on the response to the medication, the patient will need either:

A. Continued close monitoring on the medical treatment unit by the nurse over the next several hours, or

B. Be transferred to an acute care facility for further evaluation and/or treatment. If being transferred, the patient will be transported either by the 911 Emergency Response System or by MCDC transportation personnel; this will depend on the immediate condition of the patient. A repeat dose of 0.3 ml subcutaneous Adrenaline 1:1000 may be repeated 10 minutes after the initial dose if the patient's condition is not improving and transportation to an acute care facility has not yet arrived.

V. The nurse will communicate all events to the physician on call.

VI. The nurse will document all occurrences on an incident report and in the patient's chart.

DEFINITION OF ANAPHYLAXIS:

Anaphylaxis is an unusual or exaggerated allergic reaction to a foreign protein (antigen) or other substance in which a massive release of mediators triggers a sequence of events in target organs throughout the body. This results in a variety of symptoms that can range from hives and/or fullness of the throat to respiratory arrest and circulatory collapse. Anaphylaxis is a medical condition, which requires immediate medical attention because it is a potentially life-threatening event.

Anaphylaxis usually results from an injection of an antigen (subcutaneous, intravenous, intramuscular, or venom stings), although enough antigens may be absorbed from the gut (ingestion of a food or drug) or from the respiratory tract (inhaled antigen) to precipitate a reaction. The antigen is distributed via the bloodstream, fixes to IgE antibodies on certain cells in the body, triggering a mediator release. This results in a variety of symptoms involving the respiratory tract, cardiovascular system, gastrointestinal tract, and/or skin. Reactions are classified as mild, moderate, or severe.

Symptoms may remain mild or may progress in minutes from mild to severe or a severe reaction may occur without warning. Reactions may occur up to two to three hours after exposure. Reactions that occur immediately are the most life threatening. Resolution of symptoms may be immediate or take several days. Resolution depends on the severity of the reaction, the promptness of medical intervention, and if any complications occur during the reaction. Early recognition and rapid intervention may prevent progression to severe reactions.

1. Potential Symptom Complex of Anaphylaxis

2. Target Organ	3. Mild	4. Moderate	5. Severe
General status (prodromal)	Malaise; sense of illness	Greater malaise & sense of illness	Deep malaise & strong sense of illness
Skin	Hives; erythema; tingling, warm sensation; itching	Generalized urticaria; flushing; generalized pruritus; periorbital edema	Cyanosis; pallor
Upper respiratory tract	Nasal congestion, sneezing; rhinorrhea; conjunctivitis	Profuse congestion and rhinorrhea	Periorbital edema, obligatory mouth breathing
Upper airway	Fullness in mouth or throat	Edema of tongue, larynx, & pharynx; hoarseness	Stridor; completely occluded airway
Lower airway	Cough	Bronchospasm; dyspnea; cough; wheezing; air trapping	Severe dyspnea; hypoxia; respiratory arrest
Gastrointestinal tract	Cramping	Nausea; vomiting; increased peristalsis	Dysphagia; intense abdominal cramping; diarrhea
Cardiovascular system	Tachycardia	Hypotension; syncope	Coronary insufficiency; cardiac arrhythmias; shock; circulatory collapse
Central nervous system	Anxiety	Intense anxiety; confusion	Seizures, coma

Revisions:

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